

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047775

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 2

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		c. CITY OR TOWN Bethany Twp.	
Length of stay in 1b 2 1/2 Hr.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ried Hospital		d. STREET ADDRESS (If outside, give location) 3 Mile South of Bethany, Mo.	
3. NAME OF DECEASED (Type or print) First Otis Middle Oltn Last Heath		4. DATE OF DEATH Month 12 Day 26 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-27-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	9. AGE (last birthday) 85
11. BIRTHPLACE (City and state or country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Daniel Heath		13b. MOTHER'S MAIDEN NAME Samilda Alexander	
14. NAME OF HUSBAND OR WIFE Phoebe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Bert Heath, Gentry, Ark.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Skull, Pelvis, Internal			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Hemorrhage due to car accident			DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Injured in collision with another car.	
20c. TIME OF INJURY Hour 2:00 Minute 00 Month 12 Day 26 Year 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION 3 mi. south Bethany, Mo.	
21. I attended the deceased from 12-26-63 to 12-26-63 and last saw him alive on 12-26-63 Co. 13. Harrison		21. Death occurred at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S.M. Heath		22b. ADDRESS D.O. Bethany, Mo.	
22c. DATE SIGNED 12-27-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-30-63		23c. NAME OF CEMETERY OR CREMATORY Antioch	
23d. LOCATION (City, town, or county) Bethany, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR M.B. Haas		25. DATE RECD. BY LOCAL REG. 12-30-1963	
26. REGISTRAR'S SIGNATURE Cjella Maxey		27. DATE 12-30-1963	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed _____

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.